COMPLAINT FORM No:

/to be filled out by the seller/

BUYER: First and last name (company name): Full Address: Phone contact: E-mail: ID number: VAT: (only to be filled in when purchasing company)
ORDER:
Order number:
Invoice or receipt number:
Date of purchase
NATIVE OF COMPLANT AND PROPERTY OF CONCERNIES
NATURE OF COMPLAINT/ARTICLES CONCERNED Labeling of articles (article number, quantity)
Labering of articles (article number, quantity)
Reason for complaint - more detailed description of the defect of the goods:
PURCHASER STATEMENT:
I declare that the product complained about was used in accordance with the warranty and complaint conditions. If, in the interest of an objective assessment, it should be necessary to disassemble the product, I agree to this and, in the event that the complaint is rejected, I have no right to return damaged disassembled goods.
place: date: date:
Signature of the buver:

Technical opinion on the complaint: /to be filled out by the seller/
Date of receipt of the complaint:
Editing date:
Name of clerk:
Signature: